

PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031
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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

11

Application Number 10/817,343

Filing Date 4/2/2004

First Named Inventor Antonio R. Alfaro

Art Unit 3711

Examiner Name Nguyen, Kien T.

Attorney Docket Number 07-1070

ENCLOSURES (Check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Transmittal Letter, Fee Form, Credit Card Authorization Form, and Return Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Dilworth Paxson LLP

Signature

Printed name

John W. Goldschmidt, Jr.

Date

September 22, 2008

Reg. No.

34,828

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

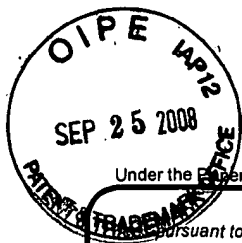
Sarah M. Piccone

Date

September 22, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

FEE TRANSMITTAL

For FY 2007

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 525.00

Complete if Known

Application Number	10/817,343
Filing Date	4/2/2004
First Named Inventor	Antonio R. Alfaro
Examiner Name	Nguyen, Kien T.
Art Unit	3711
Attorney Docket No.	07-1070

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-0979 Deposit Account Name: Dilworth Paxson LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims: 36 - 20 or HP = 16 x 25 = 400

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims: 14 - 3 or HP = 11 x 100 = 1,100

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets: _____ Extra Sheets: _____ Number of each additional 50 or fraction thereof: _____ Fee (\$): _____ Fee Paid (\$): _____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge); Petition for Extension of Time (3 months)

Fees Paid (\$)
525.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	34,828	Telephone	215-575-7000
Name (Print/Type)	John W. Goldschmidt, Jr.			Date	September 22, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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1FW

DILWORTH PAXSON LLP

LAW OFFICES

JOHN W. GOLDSCHMIDT, JR.
jgoldschmidt@dilworthlaw.com

September 22, 2008

VIA FIRST CLASS MAIL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RE: Applicant: Antonio R. Alfaro
Mark: ARTIFICIAL GLASS EYE AND METHODS OF MANUFACTURE
THEREFORE
Serial No.: 10/817,343
Attorney Docket No.: 07-1070
C/M Ref. No.: 23648/71015

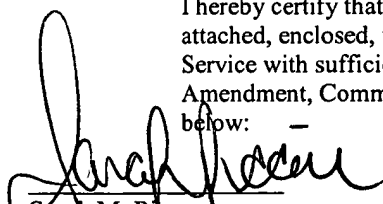
Dear Sir:

In reference to the above-captioned application, enclosed herewith are the following:

1. Transmittal Form (PTO/SB/21) (1 page);
2. Fee Transmittal Form (PTO/SB/17) (1 page);
3. Petition for Extension of Time (PTO/SB/22) (1 page)
4. Amendment (5pages);
5. Credit Card Authorization Form (PTO-2038) (1 page); and
6. Return postcard.

CERTIFICATE OF FIRST CLASS MAILING UNDER 37C.F.R

I hereby certify that this correspondence, and all papers and things referred to herein as being attached, enclosed, transmitted, or otherwise submitted, are being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia on the date shown below:


Sarah M. Piccone
777256

Date: September 22, 2008

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(215) 575-7000 • FAX (215) 575-7200 • www.dilworthlaw.com

The Commissioner is hereby authorized to charge any deficiencies or credit any overpayment related to this submission to Deposit Account Number 50-0979.

Respectfully submitted,

John W. Goldschmidt, Jr.
Registration No. .34,828

JWG:smp
Enclosures